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AUTHOR Dube, W. P.
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ABSTRACT

In the last 5 years, applicants to U.S. medical schools have increased by 72 percent while entering places increased by 27 percent. Some of the applicants who are rejected from U.S. medical schools may contemplate the pursuit of medical education in another country. Foreign medical education, however, seems to present more problems than solutions, and potential applicants should seriously review their motives and realistically evaluate their personal qualifications before deciding to become foreign medical students. Some problems encountered by the 6,000 U.S. students studying medicine abroad are discussed, including: admission requirements, choice of school, placement services, application possibilities, description of policies by language of instruction, clinical clerkships, certification, and examination performance of returning U.S. students. Anyone contemplating foreign medical study should: (1) carefully examine current admission standards and past test performance data for U.S. students and graduates from foreign medical schools; and (2) realistically appraise personal aptitudes and abilities before investing precious years and extensive sums in a venture that offers no guarantee for the eventual practice of medicine in the U.S. (Author/PG)

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ARE FOREIGN MEDICAL SCHOOLS DESIRABLE ALTERNATIVES?

In the last five years, applicants to U.S. medical schools have increased by 18,000 or 72 percent while entering places increased by 3,052 or 27 percent. Medicine is clearly the preferred career choice, but only about 34 percent of this year's 42,000 applicants can expect to realize this goal, and more than 27,000 will be disappointed. About half of these 27,000 will probably apply again next year, and perhaps the year after that, some may consider alternative careers but many others will contemplate the pursuit of medical education in another country. Foreign medical education, however, seems to present more problems than solutions, and potential applicants should seriously review their motives and realistically evaluate their personal qualifications *before* deciding to become "foreign" medical students.

The statistics established by some of the 6,000 U.S. students who are attending medical schools abroad do *not* recommend foreign medical study as an attractive alternative. To illustrate, more than 80 percent failed to survive the first year in "open admission" schools; of those who completed the six-to-seven years of study required, only 36 percent passed the 1972 ECFMG examination that is needed for certification by the Educational Council for Foreign Medical Graduates; and of the 1973 COTRANS sponsored examinees who took Part I of the National Medical Board examinations, in an attempt to transfer to a U.S. medical school for clinical training, only 30 percent passed.

Admission Requirements

From the viewpoint of the U.S. applicant, negative factors are also encountered when surveying the admission policies of foreign medical schools:

1. Most of these schools are state funded and have small—usually 5 percent—quotas for students from other countries. Since these quotas are primarily designed for students from underdeveloped nations, only a fraction may be allotted to U.S. applicants.
2. Schools that are selective often require minimum qualifications comprising a baccalaureate degree, a "B" or better grade point average plus competitive Medical College Admission Test scores. Language and/or university entrance exams are frequently standard mandatory procedure.
3. Credit for already completed premedical courses is given only in some instances, and U.S. applicants should be prepared to repeat premedical subjects.
4. Schools that still offer "open admissions" are less selective but may reduce large freshman classes through highly competitive examinations by more than 80 percent. In some countries, such as France, only 15 to 20 percent of the first-year class can expect to be promoted to second-year places.
5. Some of the less selective schools do not impose any minimum qualification standards but charge exorbitant tuition and fees. In addition, U.S. students may encounter political attitudes and complications for which they are unprepared.

In Ireland, at the Royal College of Surgeons, two-thirds of the first-year class comprises foreign students with one third from underdeveloped countries, and one-third from industrialized nations. Since many European, including British, students compete with U.S. applicants for the 43 spaces in the latter third, about 15 applications are received for each place. The few U.S. students who are admitted may expect exemptions for completed premedical work. Instruction is based on American text books, and the curriculum could be completed in five years.

In Iran, a few U.S. students are enrolled at the Pahlavi University School of Medicine in Shiraz, where admission standards do not appear to be very selective.

In New Zealand and Australia, U.S. applications are discouraged. Even if an acceptance is obtained, there may be problems with the immigration authorities upon arrival.

Philippine medical schools have admitted a number of Americans, and for the first time in 1974, the National Board of Medical Examiners has agreed to administer the Part I test in Manila on an experimental basis. Nevertheless, much caution is in order since pass rates for National Medical Board and ECFMG tests vary greatly from school to school.

French

In France, most applicants with baccalaureate degrees are accepted, but only five percent of each entering class (premedical level) is allotted to foreign applicants. Furthermore, exemptions for already completed basic science courses are usually *not* granted. The absence of text books enforces copious note taking during lectures and extensive memorization because tests are based on lecture materials. Promotions to the second year (the beginning of the basic sciences) are selected from the ranking established in the comprehensive end-of-first-year examination and amount to less than 20 percent of the entering class. In general, U.S. applicants have a better chance of admission if they apply to the less well known medical schools in the provinces rather than the prestige schools in major cities.

German

Of the three Austrian medical schools, only the University of Graz used to admit a few U.S. applicants, but as of 1974, all admissions of foreign students have been suspended by the Austrian Ministry of Education. Admission opportunities for U.S. applicants in the future are highly uncertain as long as the overabundance of German and Austrian applicants continues. Advanced standing U.S. applications for clinical training, however, are encouraged by these schools.

German medical schools utilize a centralized application service in Dortmund that determines allotments to individual medical schools, but admissions of U.S. students are not likely, because there is a four-year waiting list for eligible German students. An 8 percent quota is reserved for citizens from countries that are *not* industrialized. Any acceptances that may be granted are provisional pending the results of a German language examination.

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by

W. F. Dubé

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Choice of School

Students who are determined to apply to foreign medical schools despite the prospect of an unfavorable outcome should observe the following considerations prior to selecting a school:

1. *Personal qualifications.* A careful review of individual abilities and study habits to assure the passing of the traditional basic science subjects of anatomy, biochemistry, microbiology, pathology, pharmacology and physiology is strongly indicated.

Grades from previous science courses as well as strong personal preferences are important. For example, students who have managed to attain fair grades in chemistry but who never really enjoyed this subject cannot expect to do well in medical school in biochemistry and related hard sciences.

Another tool for self-assessment is the table of percentile ranks for selected MCAT scores for accepted applicants and total applicants of a comparable applicant year as given in Chapter 3 of the AAMC Admission Requirements book.¹

2. *Language Skill.* Equally important is the ability to communicate well enough in another language to ensure adequate comprehension and note taking. Moreover, year-end examinations are often both oral and written (essay style), and replies in English are generally not permitted.
3. *Financial Resources.* Although foreign applications are usually free and tuition costs are often minimal, a monthly allowance for living, book and instrument expenses is a basic necessity.

At present, there is no federal money available for student loans or scholarships for foreign medical studies. Some students have been successful in getting federally guaranteed student loans from private lenders, but not all lenders are willing to supply funds under this program for the purpose of foreign study.

4. *WHO Listing.* Medical schools that are recognized by the government of the country where they are located are listed alphabetically, by country, in the *World Directory of Medical Schools*² that is published every few years by the World Health Organization in Geneva, Switzerland. These listings do not constitute or imply recognition by the World Health Organization. Moreover, foreign schools are not subject to the accreditation policies and procedures customary in the United States. Students who attend unlisted schools are neither eligible for COTRANS nor for the ECFMG exam. Therefore, unlisted new schools or experimental programs should be avoided.
5. *Methods of Instruction.* At foreign schools, an impersonal atmosphere prevails that discourages professorial attention to individual students. There is generally more emphasis on lectures than on laboratory or clinical work, and only students who can exercise a high degree of self-discipline are likely to keep up with the rather demanding study schedule. Besides the overwhelming amount of study necessary for the satisfying of local requirements, U.S. students are also faced with much independent study from American text books to prepare for National Medical Board or ECFMG examinations.

Placement Services

There are now about 15 medical school placement services, mainly on the east and west coasts, that are quite interested in disappointed applicants, but their advertisements in newspapers or on college bulletin boards should be regarded with caution. Any agency that guarantees an acceptance to a foreign medical school (after interview, analyses of credentials, and the signing of a contract for the payment of a substantial fee) most likely has arrangements with schools that have more or less "open admission" policies. Placement services are essentially based on information that may be obtained without cost from the AAMC, premedical advisers, foreign government information offices, or directly from the various schools.

Although fees may range from \$100 to \$400 for an interview and \$1,000 to \$4,500 for actual placement plus a language course, these agencies do not provide anything that an enterprising applicant could not manage personally. The Association of American Medical Colleges does *not* endorse any commercial services, and potential applicants should carefully check all available information before making commitments to such services.

Application Possibilities

Requests for applications, preferably in the language predominating at the particular school, may be sent directly to the Dean of the medical faculty of a foreign university in most countries. If an application is encouraged, detailed instructions must be adhered to concerning such supporting documents as college transcripts, college diplomas (sometimes also high school transcripts) and official translations. (In some countries, however, translations are not needed, and this expense can be avoided.) The many variations on this theme are described in detail by Professor Marien in the *Guidebook to Foreign Medical Schools*³ that is updated periodically.

Foreign Medical Schools by Languages of Instruction

The following comments about various medical schools have been grouped by languages of instruction and compiled, by the writer, from recent observations by U.S. students, premedical advisers, and staff members of consulate and foreign government information offices:

Dutch

In the Netherlands, applications are processed by the Ministry of Education at The Hague for students from the Netherlands or from the former colonies in Indonesia. Applications from industrialized nations are *not* accepted.

English

Applications to medical schools in the United Kingdom are administered by the Universities' Central Council on Admissions (UCCA) in Cheltenham, England, but there are only occasional instances when one or two highly qualified U.S. students are accepted.

French (or Flemish) and German

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Belgian admission standards are quite selective and include review of pre-medical work, sometimes MCAT scores, a language exam and interview. An entrance exam in addition to the language test is required at the University of Louvain. Exemptions for completed premedical work are granted if a special test in chemistry and physics is passed. Low cost intensive language courses are available each summer. Since some of the schools have both French and Flemish speaking Faculties of Medicine, great care should be taken to address communications in the correct language for each faculty. Five percent of the Belgian medical school enrollment is allotted to foreign students.

Swiss schools consider only a very few highly qualified applicants each year who are fluent in French or German. A comprehensive examination at the end of the first two years establishes passing or failing of the basic sciences. The Medical Faculties at the Universities of Basel and Geneva definitely discourage U.S. applications.

Italian

All U.S. applications are administered by the Italian Consulate Office in New York. Acceptances are now restricted to applicants with "B" or better averages who are assigned to various medical schools by the Italian Ministry of Education on a percentage basis. A language examination is required for official acceptance. Italian language fluency is often determined in the Consulate Office, and a rather expensive language course, offered by one of the placement services, may be recommended by Consulate Office staff.

Spanish

Mexican medical schools that are state funded accept only a very few U.S. medical students. Private Mexican medical schools, in contrast, accept many U.S. students but admission standards vary. The Universidad Autonoma de Guadalajara, for example, seems to admit all U.S. applicants who are capable of paying the \$5,000 for tuition and fees, and there are now more than 2,000 Americans taking medical courses plus Mexican geography and history at Guadalajara. At the end of four years, a completion certificate is granted that enables Americans to return to the U.S. for a period of "supervised clinical training" that is popularly referred to as the "Fifth Pathway." Nevertheless, in order to obtain the formal "Titulo de Medico," U.S. students would have to return to Mexico to complete a year of social service in an underserved area and to pass the Mexican professional examination. Those who do not return to Mexico to fulfill all of the specified requirements have no medical doctorate and subsequently face licensing problems in many states.

At the University of Monterrey (UEM) Institute of Health Sciences, Nuevo Leon, admission standards are selective, and about 65 U.S. students are accepted each semester after administration of language and university entrance examinations. Applicants appear to be considered individually, and credits are granted for premedical work already completed. Holders of B.S. degrees, for example, could complete the UDEM curriculum in 3½ years.

A unique feature at UDEM is a social service credit hour arrangement that permits students to earn enough credits, under supervised conditions, to satisfy the entire Mexican social service requirement at the same time medical studies are completed. Spanish language instruction may be taken, if needed, simultaneously with medical courses. A "supervised clinical clerkship" at a U.S. medical school and the passing of the ECFMG exam are required for awarding the "Titulo de Medico." Because of the highly integrated curriculum and social service structure, a transfer to a U.S. medical school prior to completing at least 3½ years of work does not seem possible.

Spanish medical schools restrict admissions to applicants with "B" (or better) grade point averages for completed premedical course work. MCAT scores are not evaluated, but acceptances are provisional until a language exam is passed. In addition, entrance examinations are required at some medical schools.

Test results from both the ECFMG and Part I of the National Medical Board exams for U.S. students from Spanish medical schools have been disappointing in the past. Furthermore, some Spanish medical schools have been closed for extensive periods of time due to political unrest, and students were unable to obtain transcripts. In the last few years two new medical schools were founded, at Barcelona and Madrid, that offer modernized curriculum structures. A general curriculum reform at other schools is currently in progress.

Return to the United States

In most cases, all of the years of medical education will have to be completed abroad, because the chances for a transfer to a U.S. medical school for an advanced standing admission are remote.

COTRANS

In 1973, for instance, only 52 percent of the examinees, sponsored by the Coordinated Transfer Application System (COTRANS), who passed Part I of the National Medical Board examinations were accepted by U.S. medical schools, and forecasts for 1974 offer no encouragement for future increases. In the four years COTRANS has been in existence, 564 U.S. students accomplished the transition from foreign to domestic medical schools.⁴ Although this average of 141 annually is an improvement over the 24-30 similar transfers per year prior to COTRANS, it still accounts for less than 3 percent of the estimated 6,000 Americans studying medicine abroad at any given time.

Clinical Clerkships

Upon completion of basic science and clinical work at a foreign school, U.S. students in many instances have to serve an additional period of supervised clinical education (under the sponsorship of a U.S. medical school) in lieu of a foreign internship. Whenever this clinical clerkship is part of the graduation requirements—as in Belgium, France, and Mexico—consent from the foreign medical school is needed. Moreover, not all foreign medical schools award M.D. degrees to all graduates. Since U.S. citizens are not permitted to practice medicine in another country, an equivalent diploma or certificate is often awarded instead.

Certification

In order to become licensed for the practice of medicine in the United States, foreign medical graduates (FMG's), whether they are foreign born or U.S. born, take the ECFMG (Educational Council for Foreign Medical Graduates) test for certification and FLEX (Federated Licensing Examination) for state licensing in most states.⁵

Past Examination Performance

The accompanying Pass Rate Table depicts the latest test data for COTRANS sponsored applicants for transfer and U.S. ECFMG candidates for certification.* Given data for the COTRANS population, however, should be reviewed with caution since medical curriculum structures vary from school to school and country to country, and individual examinees had completed anywhere from one to five years of medical study.

PASS RATES FOR U.S. STUDENTS By Location of Foreign Medical School Attended in Selected Countries

Location of Medical School	1973 COTRANS (Part I, NBME)*			1972 ECFMG*		
	Number Tested	Number Passed	Percent	Number Tested	Number Passed	Percent
Austria	0	0	0	19	6	31.6
Belgium	74	32	43.2	61	37	60.7
France	12	4	33.3	53	26	49.1
Germany	**	**	**	66	16	24.2
Ireland	**	**	**	8	6	75.0
Italy	70	36	51.4	317	119	37.5
Mexico	718	186	25.9	439	162	36.9
Philippines	20	11	55.0	29	12	41.4
Spain	35	9	25.7	195	33	17.0
Switzerland	10	9	90.0	20	13	65.0
Total	939	287	30.6	1,207	430	35.6

*Sources: *Datagram*, "COTRANS and the U.S. Citizen Studying Medicine Abroad," *Journal of Medical Education*, 49: (Apr), 394-397, 1974.

Medical Licensure Statistics for 1972, Council on Medical Education of the American Medical Assn., Sept. 1, 1973.

**Less than five examinees.

* Procedural details for COTRANS, Part I, NBME, and ECFMG are summarized Chapter 8, "Foreign Medical Schools and Other Alternatives for Rejected Applicants," of the AAMC *Medical School Admission Requirements* book.¹ Reprints of Chapter 8 are available upon request from AAMC Division of Student Studies.

Summary

Formidable indeed are the combined obstacles of language skills, adaptability to other cultures, hostile political climates, and towering financial outlays plus failure rates of 80 percent for first-year students, 70 percent for COTRANS-sponsored examinees, 64 percent for ECFMG, and more than 60 percent for FLEX. Foreign medical education involves a variety of problems and no assurances of satisfactory outcomes. Anyone contemplating foreign medical study should 1) carefully examine current admission standards and past test performance data for U.S. students and graduates from foreign schools and 2) realistically appraise personal aptitudes and qualifications before investing precious years and extensive sums in a venture that offers no guarantees for the eventual practice of medicine in the United States.

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- (1) *Medical School Admission Requirements, 1975-76, U.S.A. and Canada*, Vickie L. Wilson, ed. Washington, D.C.: AAMC, 1974, 348 pages, \$4.00 postpaid. Order copies from Membership and Subscriptions, AAMC, 1 Dupont Circle, N.W., Washington, D.C. 20036.
 - (2) *World Directory of Medical Schools, 1970*, 4th edition, World Health Organization, Geneva, Switzerland, 1973, 147 pages, \$6.75 postpaid. Order copies from Q Corp., 49 Sheridan Ave., Albany, NY 12210.
 - (3) *Guide to Foreign Medical Schools*, 3rd edition, by Prof. Daniel Marien, New York: Queens College Press, Institute of International Education, April 1973, 63 pages, \$4.00 postpaid. Order copies from Institute of International Education, Publications Dept., 809 United Nations Plaza, New York, NY 10017.
 - (4) For further data and characteristics consult Datagram, "COTRANS and the U.S. Citizen Studying Medicine Abroad," *Journal of Medical Education*, 49: (Apr), 394-397, 1974.
 - (5) For ECFMG statistics and individual state requirements consult annual *Medical Licensure Statistics*, Council of Medical Education of the American Medical Association, published each September.